annual

report 2012

TABOR LODGE ADDICTION & HOUSING SERVICES LIMITED

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Contents

Core Purpose

Tabor Lodge Addiction & Housing Services offers hope, healing and recovery to addicted people and their families through an integrated and caring service

Values

Respect

- Acknowledging the dignity of every person regardless of his/her circumstances

Compassion

- Having some understanding of what a person is going through and responding appropriately

Justice

- Honouring each person's rights in a fair and equal manner

Team

- Fostering a team approach in the interests of our common purpose

Excellence

- Doing everything to the highest professional standards

Philosophy

At Tabor Lodge Addiction and Housing Services we believe that addiction is a chronic, progressive, primary disease that cannot be cured but those who suffer can be helped by abstinence and lifestyle changes.

We also believe that people who suffer from addiction are entitled to dignity and respect and that each person has within himself or herself the resources for recovery.

There is a spiritual dimension to our programme and so patients are introduced to various Twelve Step Programmes.

Aims

The programme at Tabor Lodge Addiction & Housing Services is based on the model presented by Hazelden Minnesota, which is the Twelve Step Programme of Recovery.

The **short term aims** are

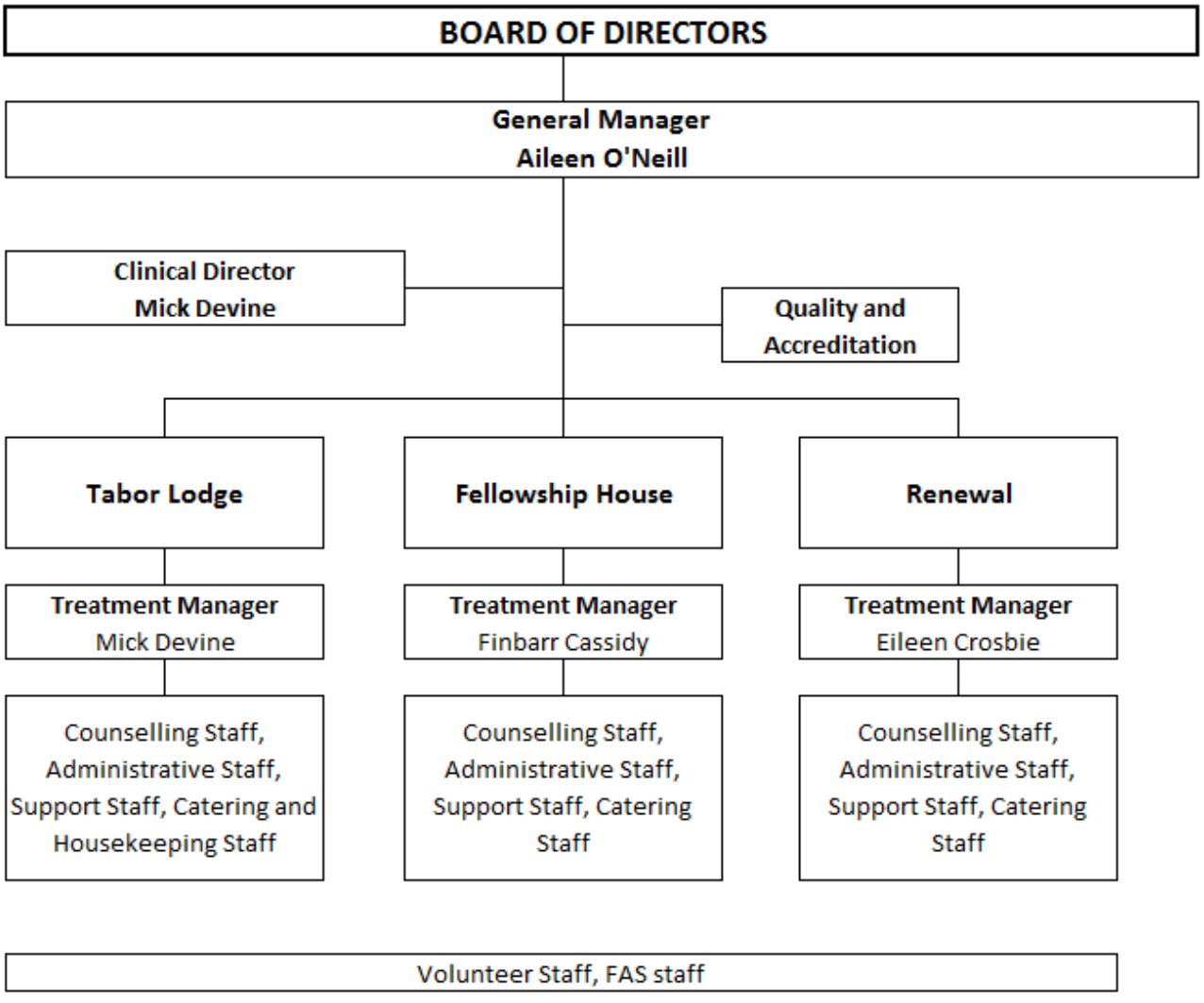
- To help addicted people recognise the disease and its implications
- To help them admit that they need help and to see that they will be able to cope with the disease.
- It also seeks to help people identify specifically what they need to change in order to live with the disease in a constructive manner
- To help them translate that understanding into action.

This leads to the **long term aims** of

- Abstinence
- Improved lifestyle.

TABOR LODGE ADDICTION AND HOUSING SERVICES LTD

ORGANISATIONAL CHART



CHAIRMAN'S STATEMENT

The year under review has been a very significant year in the life cycle of our three centres, Tabor Lodge, Renewal and Fellowship House with the "changing of the guard" at Board level. The Board changed from eight Directors to twelve and only four of the existing Directors remained. Thankfully, all but one of the resigning Directors moved on to become Trustees of the Company and therefore their extensive loyalty and knowledge was retained by the Company. The eight new Directors were recruited by the Sisters of Mercy and we are extremely lucky to have a wealth of talent, professionalism and expertise joining the company with representatives from the legal, engineering and accountancy professions as well as a former staff member, a former service user, retired Garda Superintendent and a representative of private business.

All Community, Voluntary and Charitable (CVC) Organisations have a responsibility to provide and follow a code of good practice when it comes to how their organisations are run. The Board of Directors accept this responsibility readily and always have been committed to ensuring that this happens in our organisation. Our new Board is in an excellent position to take on this responsibility and to demonstrate high standards of governance, in line with the new Governance Code which was launched in 2012. We embrace training in the area and will publicly be signed up to the Governance Code in 2013. In this way, we will be fully prepared for the implementation of the provisions of the Charities Act.

I am absolutely delighted to report that in 2012, the then Minister for Housing and Planning, Jan O'Sullivan, TD, announced on 19 July "the green light for proposals from local authorities for the provision of over 800 new social and voluntary housing units. At a cost of approximately €100m, the units will come on stream between now and 2014". The second largest construction project included in these schemes is the proposed development at Fellowship House of 31 Units as an extension and redevelopment of our facility there. This announcement was one awaited for many years by the Board of Directors and management and will bring national recognition to the extent and success of the work of our organisation. We eagerly look forward to completing the project and being the leading light in the country in the provision of the full range of services for people dealing with addiction.
The level of services provided in 2012 is well documented in this report by the Treatment Managers of each of the Centres as well as the challenges they have faced and the trends that that they see.

Unfortunately, I find myself looking back on another year of decreasing funding and the impact on our clients of the non-approval of a long standing payment, the administration of which transferred from the Health Service Executive (HSE) to the Department of Social Protection in 2011. We continue to lobby on behalf of our clients with local politicians and the HSE to have this funding source reinstated so that the most vulnerable in our society can access services when and where they need them.

Finally, as with previous years, I extend my sincere thanks to all involved with Tabor lodge Addiction and Housing Services – the Sisters of Mercy, Board of Directors, our General Manager and all our Staff, Volunteers, Service Providers, Consultants – we are totally focused on working with patients and their families, during their early recovery, long term and supported recovery. A very special thanks to all those who aim to come to our services to achieve success with their treatment. All of our patients deserve to look forward to a future free from the tyranny of alcohol, drugs, gambling and food and to once more becoming accepted and integrated in our society. The Board of Directors and staff are completely dedicated to playing a full role in achieving this goal.

Pat Coughlan
Chairman, Board of Directors

GENERAL MANAGER'S STATEMENT

2012 was a year of continuous change in Tabor Lodge Addiction and Housing Services Limited influenced by both internal and external factors. Internally, the company continued its strategy of continual quality improvement, both clinical and non-clinical. Clinically, staff was challenged to adapt to the more complex issues of clients presenting for treatment and this led to a rolling programme of learning and responding with improved answers such as updated documentation and procedures. This process was a very intuitive one and the management and communication systems in place supported this ongoing quality improvement. Non-clinical issues were also reviewed on a constant basis and changes like networking all three sites electronically took place so that seamless communication and sharing of information would be facilitated. This will be expanded in 2013 to provide us with a standardised accounting package as well as an intranet where all company procedures and policies and other information will be accessible to staff.

This quality improvement and overall adherence to high standards of operating were confirmed following a visit to Tabor Lodge in November by CHKS, our accreditation provider. They undertook a Monitoring Visit, ahead of a full survey in March 2013, to confirm that we were maintaining our dedication to upholding the standards that are internationally recognised as applying to our services and we were delighted with a resounding affirmation of this from the surveyors.

The Board of Directors of the company was almost completely changed in the year and we were delighted to host a full day of induction for the new and existing Directors in Tabor Lodge, at which the management team had the opportunity to welcome the newcomers and to provide them with a comprehensive introduction to all of our services. The company has also retained the value of the dedicated work of retired Directors as they moved into the role of Trustee of the company. This change is welcomed as we take account of the expertise of the individuals who are so generously offering their time and input to the company, particularly as we continue to operate in challenging times. Their expertise will also be invaluable in our new venture of an extensive development of Fellowship House, to expand services there to 31 beds.

The main external force impacting on the business of the company in the year was the overall economic climate in which we operate. Unfortunately, but not exclusive to us, our business was impacted by financial constraints that ordinary people find themselves dealing with and the financial choices they have make for themselves and their family. Our overall occupancy rate fell slightly in the year on the previous year and we noticed a decrease in clients coming to us who had private medical insurance to cover their treatment. We feel very lucky to have retained in the main, the level of grant funding that we always relied on from the statutory sector, although continual cuts in funding each year amount to large cumulative cuts over an extended period. In that regard, we remain optimistic that we will not face large cuts to funding in 2013. A dramatic change that we faced in the year was the non-approval by the Department of Social Protection of a payment for individual clients to support them in Extended Treatment. While the change had been the subject of discussion with the Health Service Executive (HSE) previously, no confirmation of a decision or change of policy was formally received.

Other external influences in the area of clinical change and development are referred to by the Clinical Director and we are acutely aware of staying up to date with trends and changes in the areas of addiction policy both nationally and internationally.

I would like to take this opportunity to give my sincere thanks to every member of staff in each of our centres for another year of their continued loyal, caring, good-natured and honest commitment to their work.

Aileen O'Neill,
General Manager

Reports

Clinical Director Report

The Tabor Lodge Clinical Governance Committee was reconfigured in 2012 and became the Tabor Lodge Addiction and Housing Services Clinical Governance Committee. It met on the third Tuesday of each month. Members of the committee represented Tabor Lodge Residential Treatment Programme , Renewal, Fellowship House, Continuing Care Programme and Family Programme. I chaired the meetings of the committee and I saw the priority for the year to be the integration of the three units into one coherent treatment agency. I felt this project built up a good head of steam and good progress was made during the year.

The first main task, as I saw it, was to devise a Service Overview Document for the new organisation. This document provided all stakeholders with a view of the extent of the services offered to addicted people and their family. It also assisted with further integration of the three units into one organisation offering a comprehensive treatment intervention for those affected by addiction as well as treatment intervention for the family.

It has been clear to me now for some time that Tabor Lodge Addiction and Housing Services Limited needed to more firmly establish the evidence base for the efficacy of its treatment approach. I supervised a research proposal which will gather valuable data on the effect of treatment on those who use Tabor Lodge Addiction and Housing Services. This research will be undertaken in partnership with Department of Public Health in University College Cork. A research assistant was appointed through FAS Job Bridge and the year ended with the proposal being completed and approved and data collection is to commence early in 2013.

I acted as *ambassador* to the project to install an electronic data collection system. In the last quarter of 2011 Tabor Lodge Addiction and Housing Services participated in a pilot programme to assess the suitability of Drug Treatment Centre Board's (DTCB) Electronic Patient System (EPSx). The decision was taken to install this system within the organisation and implementation happened on a phased basis. DTCB provided training to key staff who then trained all staff concerned with inputting data. At the end of 2012 the organisation is ready to record all clinical data electronically.

Another feature of the EPSx system is its compliance with data collection for the National Drug Treatment Reporting System (NDTRS) of the Health Research Board (HRB). Tabor Lodge Addiction Housing Services has collected data for this national research body for many years and did so again in 2012. This task will be simplified from now on due to EPSx.

I represented the national voluntary sector on National Drug Rehabilitation Implementation Committee (NDRIC) again in 2012. Its main business in 2012 was to pilot the principles of its Framework Document finalised in April 2010. This pilot programme was active for the last quarter of the year. Tabor Lodge Addiction and Housing Services played a full part in the pilot in the Southern region. Staff from each of the three units was trained in the core functions of case management, care planning, and key working. Patients of our agency with complex needs who consented to take part in the pilot programme received a co-ordinated care plan with a co-ordinated multi-agency co-operation in the delivery of care. This pilot will inform good practice in the delivery of drug and alcohol services and Tabor Lodge is playing an influential role in designing these services in the future. An evaluation study was carried out on the working of the pilot programme and its publication is awaited in 2013.

A small part of my role as representative of the voluntary sector on NDRIC in 2012 was to comment on the HSE Clinical Guidelines for Drug and Alcohol Services. As a result of Review of Methadone Protocol it became clear that the goal of a drug free lifestyle should be more central to treatment interventions with those affected by drug abuse. To carry through on this goal requires service delivery be configured afresh and so new guidelines were needed for clinicians. This is welcome news for those who use our services nationally and is in keeping with what Tabor Lodge has always seen as good practice in our work with addicted people.

I also represent the cluster of voluntary agencies engaged with service delivery in the southern region on the Southern Regional Drugs Task Force (SRDTF). Funding to Tabor Lodge Addiction and Housing Services from this source is essential but reducing. Care must be taken to ensure that there is value for money for the taxpayer and that the service user receives effective treatment interventions. Co-operation between a variety of agencies using a partnership approach is the shape of treatment delivery of the future and the SRDTF helps safeguard this principle.

The process of the integration of Tabor Lodge, Fellowship House and Renewal continued in 2012. Through the bi-monthly management group meetings it was arranged that I, as the clinical director, would visit the units for a week's 'patient status' to engage directly with treatment delivery of each unit. From this exercise I got first hand experience of the continuous flow of the care pathway provided by the organisation to patients.

This exercise also informed the clinical audit programme for the year. This programme also assisted with the integration process. At the clinical governance meetings it became clear that staff engaged with initial screening were sharing concern about risk assessment with regard to legal histories of patients and co-occurring mental health issues. As an outcome of the audit new assessment tools were piloted and a new procedure for engaging with psychiatric services, where appropriate, was devised.

Another audit undertaken concerned group work. All along the care pathway in Tabor Lodge Addiction and Housing Services the treatment programme is delivered in a group context. It made sense to the clinical governance committee to audit how this group work is delivered and experienced by patients. This is proving a rich experience and is drawing attention to the centrality of the care plan in ensuring good quality treatment. This audit is to extend into 2013.

The clinical governance committee also co-ordinated the clinical training programme for 2012 with staff undergoing training in Motivational Interviewing, Sex Addiction and Addiction as a Disease.

Finally, Tabor Lodge Addiction and Housing Services played a full part in the Association for Treatment of Addiction Ireland (ATCI) in 2012. This group seeks to speak as one voice on issues of significance. Public Funding and Service Level Agreements, Health Insurance Cover for Members, Accreditation, Training and Research were the main agenda items for 2012.

Mick Devine
Clinical Director

Quality & Risk Report

Introduction
The issues of continuous quality improvement and risk management were the main drivers for the governance agenda in Tabor Lodge Addiction and Housing Services in 2012. This agenda is well established and has been developing since the achievement of CHKS accreditation in 2009 and this development continued in a structured way in Fellowship House and Renewal during 2012.

A monitoring visit from the accrediting body took place in November to prepare the way for a site survey in March 2013 and reaccreditation.

Monthly meetings to discuss an agenda of Quality, Risk, Health and Safety took place in 2012. The Safety Statement for each unit of the organisation was updated during the year by the company's Safety Consultant. Safety audits were conducted by this consultant and he also attended meetings on a quarterly basis. A security audit was completed during the year by a crime prevention officer. In each case recommendations were implemented.

Quality
Quality improvement initiatives were born from stakeholder's feedback including staff and patients. New National protocols were piloted in 2012 through the structures of the National Drug Rehabilitation Implementation Committee and, in this region through the offices of the Southern Regional Drugs Task Force and the Cork Local Drugs Task Force. These protocols ensured the improvement in quality of patients care plans; inter agency working and case management of patients with complex needs.

Clinical audits were undertaken in the areas of risk assessment of patients prior to admission and the quality of work delivered throughout the organisation through the medium of group work. This annual audit programme is designed in consultation with staff and patients.

Patient's feedback is monitored through weekly house meetings, patient evaluation of treatment delivery for each discrete piece of service delivered, suggestion box and patient complaints.

Risk Management
In 2012 risk assessments were undertaken in the areas of security, safety of stairway, phone coverage throughout the building, accessing the basement of the building in Tabor Lodge and possible damage to water storage tanks among others.

There were 45 incident report forms completed. As the year progressed it became clear that many incidents did not so much need investigation and action planning so much as an intervention to rectify a situation with follow-up action occasionally needed. Thus a 'See and Act' form was created. As a result of this staff felt empowered to initiate corrective action to ensure safe environment as the need arose.

A risk register continued to be in place and was used as a mechanism for informing the board of directors of current risks and control measures in place.

Tabor Lodge Primary Treatment Centre

Tabor Lodge Treatment Manager Report

In 2012 there were 218 admissions to the Residential Treatment Programme. Each treatment episode lasts for 28 days so this represents an occupancy rate for the year of 81%. Of the 218 admission 191 completed this programme, representing a stable on discharge rate of 88%. Onward referral is to a continuing care programme which may include a residential secondary treatment programme, weekly attendance at support group, individual review meetings, women's 12 week programme and relapse programme. Of the 191 who completed this residential programme 22 were discharged to aftercare services of other agencies. Of the 169 discharged into Tabor Lodge Addiction and Housing Services Continuing Care 113 were still in contact at the end of the year, 93 of these were in regular weekly Contact. See Fig 1 for more details:

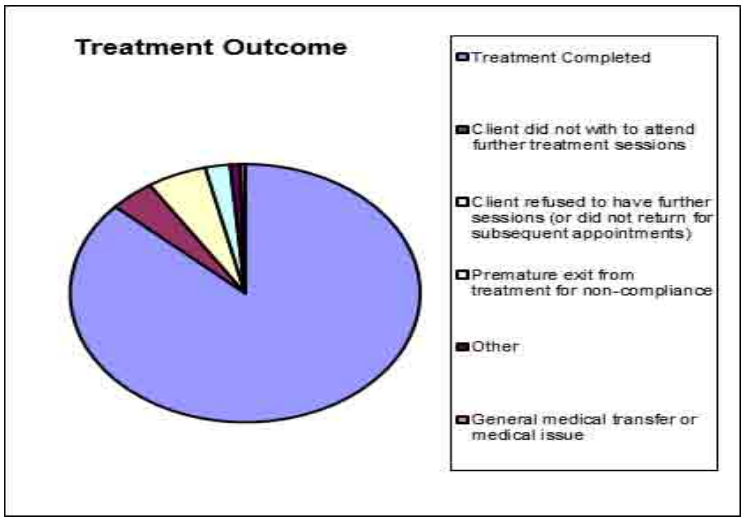
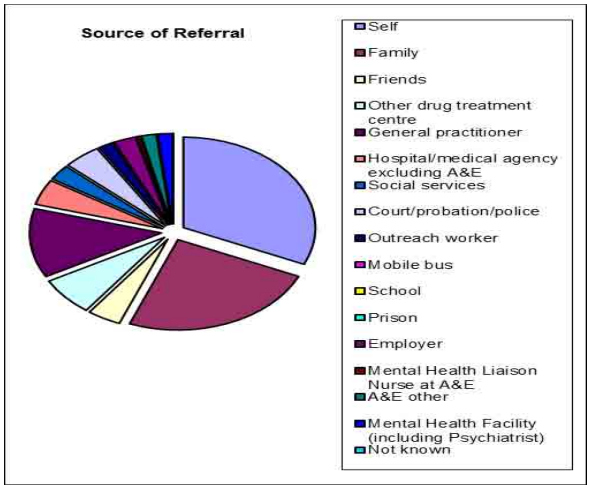


Fig 1

The following tables below illustrate the diversity represented in the patient group treated at Tabor Lodge at any one time. There are sources of referral (figure 2), reasons for referral (figure 3), both genders (figure 4), a range of ages (figure 5), drugs of choice (figure 6), types of accommodation (figure 7), employment backgrounds (figure 8) and educational levels attained (figure 9). This diversity represents a diversity of need.

Fig 2



This diversity ranged from treatment for addiction of an individual with coping mechanisms well developed enjoying many supports provided by society. These included stable accommodation and living within a functioning family, albeit impacted by addiction. There were good educational qualifications with stable employment. Much of the *recovery capital* was already in place and the resources needed were psychological and interpersonal. With such individuals the goal of treatment was to provide insight into addiction and its consequences and to support this person as they come to terms with this situation and begin a process of stabilisation as they revert to a more healthy way of life. This involved developing new ways to cope with stress and tension, conflict, communication breakdown, impulsivity and other deficiencies in social functioning. These factors all represented relapse warning signs.

Residents Profiles at Tabor Lodge

Tabor Lodge participates in collection of data for Health Research Board. This is an extensive exercise involving clinical and administrative staff and all data is forwarded to the HRB for purposes of national profiling and informing national policy development.
The following tables are selected from among a range of available data. The data presented portray a distinctive impression about Clients presenting for treatment in Tabor Lodge in 2012.

Fig 3

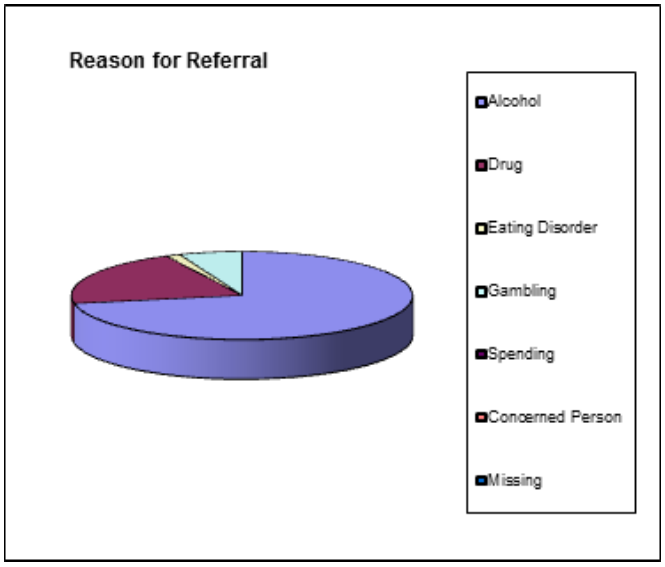


Fig 4

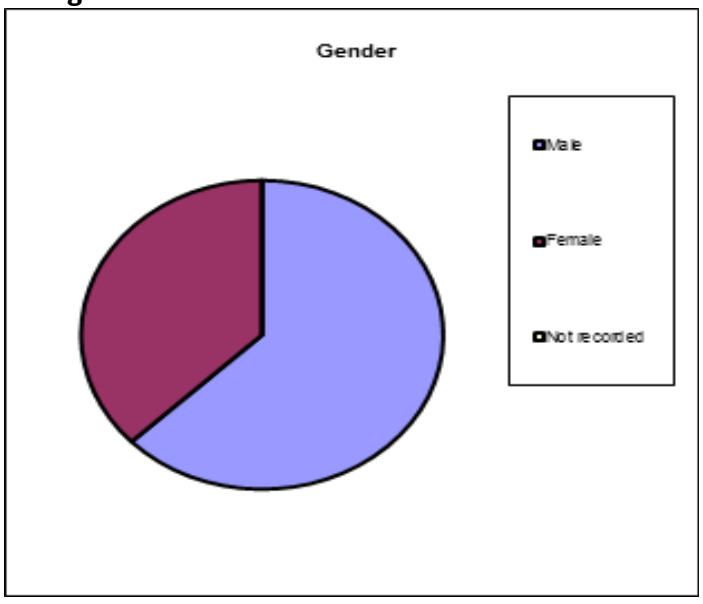


Fig 5

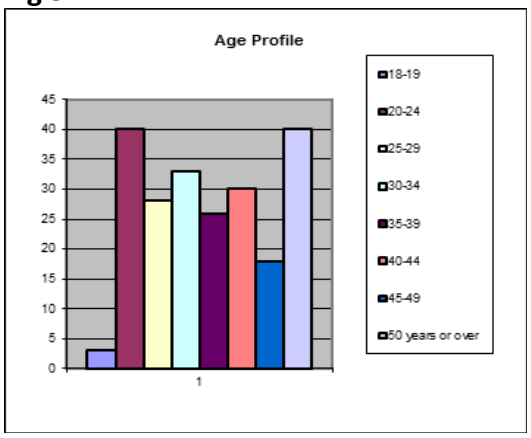


Fig 6

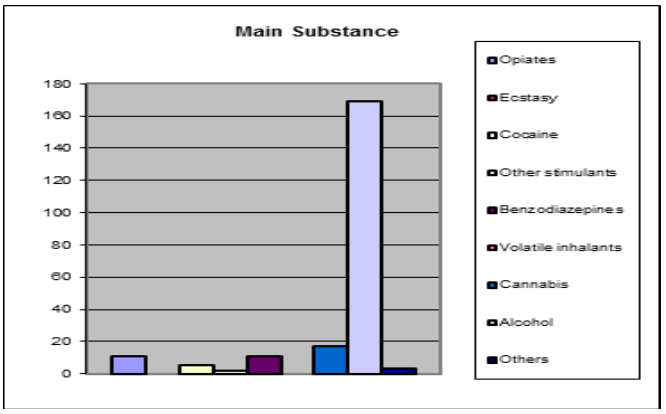
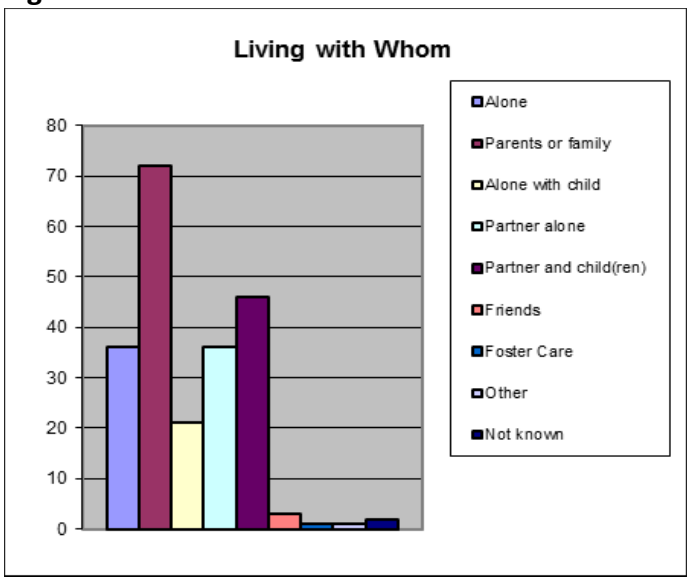


Fig 7



Another cohort of the patient group presented with more complex needs. The psychological and interpersonal needs were present in these people also but were more pronounced. When the addiction began early in life normal personal development was arrested. If the family of origin was impacted by the untreated addiction of a parent then the nurturing needed by all children to develop into well adjusted citizens had been under par. Educational and training opportunities were not plentiful and had not been availed of and so employment history was sporadic if present at all. Childhood traumatic events that had been kept secret were unacknowledged and unaddressed and the impact on the person's self esteem was significant. This person is at a disadvantage in the task of coping successfully with the business of daily living and led to low self esteem and maybe self harm and attempted suicide. When the person discovered the drug of choice it seemed that a solution to life's problems have been found. That addiction developed in such a person's situation is understandable as the person developed a dependency on the drug of choice.

Fig 8

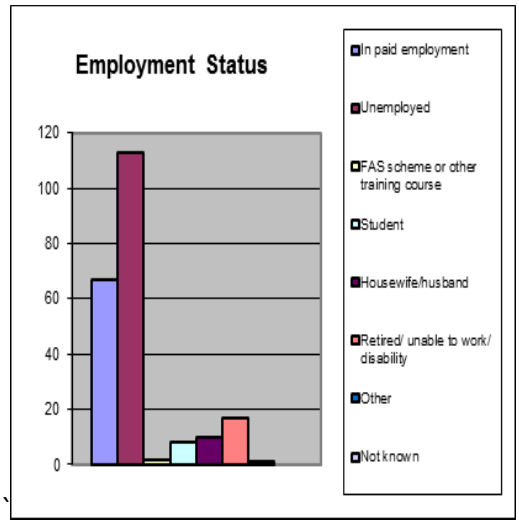
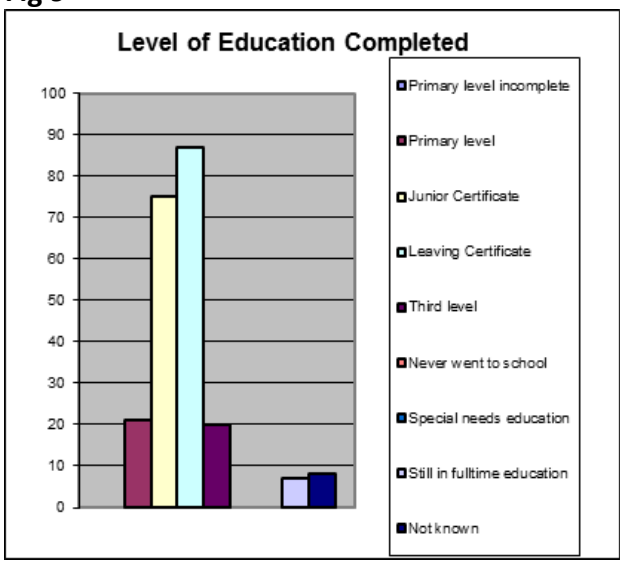


Fig 9



This shows the range of need represented in the people who attend for treatment. There are many variations between these extremes. Each individual has their own story to tell.

In each case a key worker was assigned and the work of developing a therapeutic rapport commenced. As a result of a comprehensive assessment an accurate profile of the person and their needs emerged and a care plan was devised so that progress could be made at coming to terms with the issues involved. Group therapy and one to one counselling invited the person to reflect on their situation and to begin to share with other group members. Clinical staff trained in a variety of counselling models including Motivational Interviewing, Choice Therapy and Cognitive Behavioural Therapy managed the delivery of the treatment programme. All the therapy was delivered in a person-centred approach using the philosophy of the 12 Step Programme.

Despite the depth of need brought by the patients in 2012 the values of the organisation were again activated. Respect, compassion, justice, excellence and using a team approach were needed in 2012 as much as ever before and guided staff in delivery of care in sometimes very difficult situations. The belief that the patient has within her/himself the resources for recovery was tested in 2012 but found to be essential for any meaningful progress.

Training was undertaken by clinical staff in the area of sexual addiction as it became clear that some male patients were active in sexual behaviour as a way of mood altering and to cope with stress. To the surprise of clinical staff patients welcomed the opportunity to talk about this area of their experience which often causes shame and is kept secret.

Clinical staff was also very aware of their statutory obligations to children under Children First Guidelines and were eager to do the right thing by the patient and their child.

The rehabilitation needs of residents are many and varied. On-going support is needed for all as they transition to a rehabilitative process which has as its cornerstone a drug-free lifestyle. For many, sustained on-going support is needed. The addiction may be deeply entrenched and this is compounded by social and economic disadvantage. The proneness to relapse is acute. The underlying needs of untreated trauma may surface as the individual attempts to live a drug-free lifestyle. The range of services delivered by Tabor Lodge endeavour to respond to the complexity of needs and this report details all activity for 2012. In addition, there is a multiagency approach where a partnership of agencies uses a shared care plan to seek to provide the necessary support.

Testimonials from Tabor Lodge Patients

The following is a selection of comments made by patients on discharge from the 28 day residential programme at Tabor Lodge. One factor they all have in common is that they all completed treatment in the first half of the 2012. Some of these people stabilised in their rehabilitation and became regular attendees at the continuing care support groups. Some did not and only attended for a short time. Some struggled with the demands of a drug free lifestyle and remained in contact with Tabor Lodge and took part in our 12 week relapse programme. For some this struggle convinced them of the need to attend Renewal or Fellowship House.

“They gave me the tools to work with so I can be sober for the rest of my life.” **(Female, 57)**

“I got off prescribed drugs.” **(Female, 73)**

"I would like to say that coming in here was daunting but as the weeks went by it was like a second home to me… The care and attention was second to none." **(Male, 43)**

"Met a lot of people… Overall I found Tabor Lodge excellent. I enjoyed everything about it, even the bad/hard days because I learned from them. It will benefit my recovery." **(Female, 27)**

"My time in Tabor Lodge has been amazing. I had very tough times in Tabor but the support and knowledge you get is great. They have definitely pointed me in the right direction." **(Male, 38)**

"It has given me the tools for recovery and I discovered an awful lot about myself." **(Male, 42)**

"Yes, I feel and hope that my time in Tabor may serve as a catalyst that sparks a lifetime of sobriety. I am extremely grateful for the experience. It is a wonderful place." **(Male, 20)**

Gardens at Tabor Lodge Addiction Treatment Centre

Admissions Manager Report

While the area of assessment/admissions remained busy in 2012 there were noticeable periods where demand was less than in previous years. The issues of on-going recession, high unemployment rates and discontinuation of private health cover continue to dominate the landscape and subsequently impact on people's decisions, choices and indeed ability to access addiction treatment. In engaging with clients on the telephone prior to assessment and indeed in meeting with them at time of assessment many will raise their concerns regarding financing their treatment, with an increasing number of people reporting limited means or in many cases no financial resources to access treatment. As a result the work of assisting patients to access treatment can be challenging.
In 2012 Tabor Lodge offered a total of 619 assessment appointments with 376 of this number attending for appointments in the year. This compares with 455 attendances for assessment in 2011.Of the people assessed in 2012, 180 were assigned a bed date while 83 were referred to our Pre Treatment group. There were a total of 218 people treated in the residential programme in 2012; this number was 224 in 2011 (*See Fig 1 for more details).*

Of the 218 patients treated in 2012 in Tabor Lodge, 69 were self referred, 62 patients were referred by family/friends, 27 were referred by their GP and 14 via hospital including those referred by hospital A&E Departments. 15 patients were referred by other drug treatment centres and 10 through probation/court services. The remaining referrals include patients accessing treatment through social services, outreach worker, employer and through mental health services (*See Fig 2 for more details).*

Of the 218 referrals made in the year 157 were due to alcohol misuse, illustrating once again that alcohol is the most common drug to be treated in Tabor Lodge. 45 of the referrals were for use of other drugs including the abuse of prescription medication, 13 referrals were for gambling while 3 were for eating disorder. Many patients report a history of poly substance abuse and while the initial referral may relate to a particular substance it will become clear at the time of assessment that treatment will involve addressing the issue of cross addiction (*See Fig 3 for more details).*

The Pre – Treatment programme continues to assist and support patients prior to admission to the residential programme. In all, 83 patients were referred to Pre- Treatment in 2012. This is of particular benefit where there are detoxification requirements as it provides a forum where the patient can stabilise in a supportive environment in preparation for residential treatment. It is also useful in providing an environment of on-going assessment thus ensuring that the needs of the patient are matched with the treatment being provided. Patients who are admitted to residential treatment following a period in Pre-Treatment will speak highly of the benefits of their time there, specifically in preparing them for the work of group therapy as this will be a very new venture for many patients. As there is weekly contact between the co-ordinator of the Pre-Treatment group and the Admissions Manager in Tabor Lodge, the progression from Pre Treatment to residential treatment can be organized and planned in a manner that is appropriate for all involved.

In looking ahead to 2013 and while continuing to work with the day to day challenges posed for patients by financial and other restraints it is important to be ever mindful of the value and benefits to be derived from treatment. As addiction is a family disease which impacts negatively on so many areas of life not just for the addicted person but also for their family, it is important to never underestimate the value for all of what treatment can offer. When we take into account the many benefits of recovery and the subsequent improvement in lifestyle for all involved the value of treatment is surely priceless.

Treatment Activity at Tabor Lodge

	% of respondents				
Full Patient Evaluation	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**
How well was the Programme explained to you prior to admission to Tabor Lodge?	57	56	34	5	2
How well was your Payment Plan explained?	54	44	17	2	1
How would you describe your welcome on admission?	103	39	6	0	0
How would you rate the attention given to your medical/nursing needs?	64	47	26	6	1
How would you rate the care and respect shown to you by staff?	114	34	6	0	0
How well did you understand your treatment plan?	70	62	18	0	0
How would you rate staff skills in One-to-One Sessions?	115	29	11	1	0
How would you rate Staff Skills in Conducting Group Therapy?	103	36	14	0	0
How would you rate the information given in lectures?	70	45	10	2	0
The quality of the videos used?	14	24	35	35	19
How did you find the reading material?	45	53	23	7	1
How did you find the written material?	46	53	25	5	0
Meals	75	36	10	1	0
House and Grounds	61	41	18	1	0
How would you rate the participants support for one another?	64	41	12	0	0
Your understanding of the 12 steps	23	68	45	2	1
Overall how would you rate treatment at Tabor Lodge?	94	37	8	0	0
Would you recommend Tabor Lodge to others?	97	17	3	0	0
How would you rate the help given to your family while you were in treatment?	79	42	13	4	1
How would you rate the involvement of your employer?	13	7	6	0	4

Continuing Care Coordinator Report

The Continuing Care Programme was delivered again in 2012 as an integral part of the continuum of care delivered by Tabor Lodge to the patient following the completion of the residential Treatment Programme. In 2012 the Continuing Care Programme involved weekly group meeting over 12 months with the option of a 2nd year, regular reviews with the Continuing Care Coordinator and telephone support. Review meetings support the client in the transition to a recovery lifestyle. In 2012 625 reviews took place.

In 2012 I worked as a case manager in the pilot of national protocols in the southern region. This involved me working in a multi-agency approach with shared care planning. The network of agencies I engaged with included link workers, community drugs workers, employee assistance personnel, probation officers, counsellors, social workers and staff from Cork Alliance Centre.

Continuing Care groups were facilitated by two volunteer facilitators who were managed by the Continuing Care Coordinator. Patients who attended the Continuing Care Programme had devised a Continuing Care Plan prior to leaving Tabor Lodge. This plan sought to name the key goals to be reached if the transition to recovery was to succeed.

Success in working this plan required commitment from the patient as the task is onerous. For transition to a recovery lifestyle the patient sought to make changes to thinking, emotions and behaviour. This change took place in daily life, in the patient's home, family, work, neighbourhood and community. Once again in 2012 this task proved stressful and stress is the key relapse warning sign.

Through participation in the Continuing Care Programme the patients were supported in this endeavour. Attendance at 12 Step meetings also provides support. Four Continuing Care Support Groups take place in Tabor Lodge and seven Continuing Care Support Groups take place in St Francis in Cork City weekly. In 2012 there were 1,375 attendances at the Tabor Lodge groups and 2,584 attendances at the St Francis groups. This represented the commitment to making changes in lifestyle as patients sought to stabilise in their addiction and establish a rehabilitation process on a sound foundation.

Tabor Lodge provides a continuing care group in West Cork in Dunmanway and in 2012 there were 455 attendances at the group each Wednesday evening. This support is provided in East Cork also. This group is held in Midleton and in 2012 there were 306 attendances.

Given the difficulties involved in transition to rehabilitation, lapsing back to using alcohol, drugs etc as a means to cope with stress, tension, conflict in relationships and so on is to be expected and was a feature of life in Tabor Lodge again in 2012. A 12 week Recovery Programme was offered to those who relapse and there were 453 attendances at this Programme in 2012. 25 patients completed the Programme.

A day care programme for women was offered again in 2012 and there were 545 attendances. This programme is a one year programme. Initially women attend each week on Friday for 12 weeks and one Friday each month for 9 months. The aim was to support women vulnerable to relapse following the residential phase. Isolation, shame, fear, difficult relationships and loneliness were highlighted by the women as high risk situations that led to relapse. The day provided a safe, friendly, informative and enjoyable environment which helped women to build their self-esteem and belief in themselves in order to cope with daily life without drinking or using drugs.

In their evaluation of the programme participants made the following comments "I learned to socialise with women again", "The feeling of solidarity – knowing I am not alone"," The feeling of love and friendship will always stay with me"," The support and encouragement I received was second to none "and "I regained my self confidence and self esteem and I think this Programme saved my life or at least my sanity".

In 2012 I worked closely with our secondary treatment centres, Fellowship House and Renewal. Attendance at these facilities was necessary for patients whose addiction is deeply entrenched and whose chances of succeeding in the rehabilitation process were slim. My work with these patients helped ensure a smoother transition back into the local community and the Continuing Care Programme. In 2012 some patients who completed Extended Treatment returned to Tabor Lodge to share their experiences about Fellowship House and Renewal. This proved to have great value for patients in treatment in Tabor Lodge in encouraging them to take this option themselves.

Tabor Lodge Continuing Care groups are staffed by volunteers again in 2012. This group is mostly people succeeding in their own recovery process and provide good witness to group members. The volunteers attended group supervision every 6 weeks. This helped ensure support for their work and safe practice. Further training was provided to some volunteers on sex addiction, motivational interviewing, and relapse prevention. In 2012 there were 169 attendances at training and supervision.

Attendances at Continuing Care

Continuing Care Programme	
Reviews	625
Facilitator Supervision and Training	169
Tabor Lodge Groups	1,375
Cork City Groups	2,584
West Cork Group	455
East Cork Group	306
Second Year Groups	793
Recovery Programme	453
Women's Day Care Programme	545
Total Contacts	**7,305**

In conclusion, here are some comments made by those who completed the continuing care programme during 2012.

"Continuing Care and the Women's Day gave me great grounding in my first year of recovery with support and guidance. I can't stress enough how much I appreciate the help" ***Age 51***

"I enjoy my time in Continuing Care, got my life back and became independent, I attend 12 step meetings regularly and I am grateful to Tabor Lodge". ***Age 44***

"Continuing Care has been my lifeline, without it I would be back in the height of addiction, it corrected me when I was doing wrong and encouraged me when I was doing well. I learned how to live and be happy again" ***Age 32***

"One year sober today, Continuing Care weekly group gave me the tools to deal with my life, I enjoy life now and I have confidence. I am rich in family relationships, AA friends, sponsor and co-workers. I learned to listen and I listened to learn. Thank you for all the help." ***Age 54***

Mary Carroll
Continuing Care Co-ordinator

Family Programme Co-ordinator Report

The discovery that a family member has developed a drink/drug/gambling/food/sex problem leads families into a deep mire of shock, dismay, confusion, anger and a sadness from which is difficult to find a way out. The calamity deepens and intensifies through the years. The daily problems have enduring impacts on almost every aspect of the family's functioning. Witnessing the physical, social and emotional changes to their loved one who has become argumentative and apparently self-obsessed, produces in most an acute sense of their powerlessness to halt the unfolding pattern of family tragedy. Due to the all-consuming nature of addiction, the family members feel neglected and relationships are strained, posing a threat to the stability of the family itself.

The family that is largely coping alone, despite the strains imposed on them, indicates the importance of initiatives that might help families come to terms with and respond to their family member's addiction and its effects on them.

The factors such as preoccupation, obsessive thinking and compulsive action, help us diagnose the addict and are also evident among family members.

The National Drug Strategy 2009-2016 recognises family members as service users in their own right.

Tabor Lodge Housing and Addiction Services, offer acknowledgement, support, guidance and care. Over the years we have always sought to provide support to family members and with the assistance of funding from the Cork Local Drugs Task Force, its Family Services have grown and developed recently.

Four Week Programme:

Attendances have been consistently strong in the last year. The day long programme provided the family with the opportunity to focus on themselves and how they are coping with the addicted member of their family. That time also provided space for more focused work on how families need to change attitudes and behaviours. Thus, began their own journey of recovery and rehabilitation. The families deficits in communication skills were also addressed facilitating improved and healthier relationships in the future.

Within the Family Programme, the addicted person's case manager held a family conference with each person to address and assist him/her gain insight into the severity of their addiction and its impact on the life and health of each member of the family.

Follow On Support for Family

In 2012 following the discharge of the patient from the residential programme, a 12 week programme of further education and support was offered. A network of weekly support and education groups in the city and county are now in place and are well attended. The focus was on the impact of addiction on the family and the programme of recovery that needs to be addressed for rehabilitation to occur for the whole family. These groups are facilitated by dedicated volunteers who may be personally involved in recovery from addiction.

One to one review meetings

One of the family programme team met with individuals undergoing the programme and offered one to one review meetings. This helped focus further treatment planning issues for the particular family member.

Education Programme

Family members are usually the first alerted to the need for help for a loved one's addiction to alcohol, drugs, gambling or food issues. It is Tabor Lodge policy to work with the person who is expressing the need or query. Therefore an education programme to assist people where the addicted person is not yet motivated to seek help was developed. It ran weekly on Friday mornings in La Verna Hall, Cork City. It is only at development stage but numbers are rising. Having attended four weeks of this information and education programme -attendees can go on to join our twelve week community programme.

Families Continuing Care Support Group

On completion of the twelve week programme, there was a Continuing Care support group offered to families. This either took the form of the family member integrating into their loved one's (post-

treatment) continuing care programme or took the form of choosing to remain in a 'family only' support group. This independent group was very popular and it encouraged communication and assertive skills that helped repair damaged relationships within families.

Counselling Services
Tabor Lodge Housing and Addiction Services offered one to one counselling facility for those who were troubled by their own or a loved one's addictive behaviour.

Kathleen Greaney,
Family Programme Co-ordinator

Testimonials from Family Services:

" The facilitators and counsellors were excellent, helpful, supportive, kind, made me more comfortable."

"The counsellors were mindful of an awkward situation I was in with a patient's family, and helped a huge amount in making sure I was at ease."

"While I have attended a family program a few years ago, and also Al Anon Meetings, the content of this program reminded me of a lot of important things about my co-dependency and how I have enabled and how I can avoid this in future."

"Excellent presentation, and plenty of opportunity for personal input."

"Excellent programme, Kathleen is a brilliant facilitator."

"Informative and educational, would highly recommend it to people."

"My family are a lot more understanding about addiction now. Thanks."

"This is my last Family Programme. I found these days very helpful in understanding what addiction is, now enabling can make situations worse and to say no."

Attendances at Family Services :

SERVICES	
Four Week Programme	1207
Twelve Week Programme	1063
Regional 12 week Programme	260
Family Continuing Care Support Group	794
Outreach Support Group	202
Counselling Support	71
Family Intervention	11
Telephone calls	889
Total Contacts	**4497**

Renewal Women's Residence - Extended Treatment Centre

Introduction

Opened in 1999, Renewal is an extended treatment centre for women in early stages of recovery. Any woman over 18 years of age is welcome and all addictions are catered for, alcohol, drugs, eating disorders, gambling etc. All women are dealt with professionally and with full confidentiality.

The aim of the programme in Renewal is to help and support women in early recovery. To maintain a good sobriety, residents need to come to terms with deep-rooted past issues, and change behaviours accordingly. This can be a painful and lengthy process but this change is very achievable, as is proven by our past successes.

The programme involves group therapy, lectures, one to one counselling, and conferences with family and social workers. It also gives a prolonged introduction to 12 Step meetings and sponsors, which allows the women to build a support system before she leaves treatment. There is also help and support for those who are homeless. After their 12 week treatment is finished, some women may move to our 'sober house' and continue to avail of our support while they build their sober life.

Aftercare is a very important part of the Renewal ethos. We keep in touch with the woman through monthly Aftercare meetings, plus a weekly support group, and we continue to see women on a one to one basis if required. This aftercare service also offers family conferences, continued help with issues around children, social workers, and courts. Each woman is told to pick up the phone at anytime if they are experiencing problems, and speak to a member of staff. Contact from their assigned counsellor will always follow that call.

Renewal works very closely with Northside Community Enterprises (N.C.E), a FÁS-funded project, without whom we would not be able to give such extensive help in reintegrating the person back into the workplace.

Eileen Crosbie
Treatment Manager

As it enters its 14th year, Renewal Women's Residence still remains the only residential extended treatment centre in Ireland for women in early recovery from addictions. Renewal Women's Residence offers a unique service, which has provided treatment and ongoing support to the more than 500 women who have passed through its doors and, in doing so, has improved the prospects for a safer and more secure life for hundreds of children.

Total number of admissions
71 women attended for assessment at Renewal in 2012 and, of these, 47 were admitted. The name Renewal and the success we enjoy does appear to have travelled and we continually receive enquiries from people who may have been in primary treatment some years back and who are now struggling, asking about our programme as they have heard of us.

The numbers of people requiring our services in no way matches the number of beds we offer but our turnover of women who complete our programme is constant.

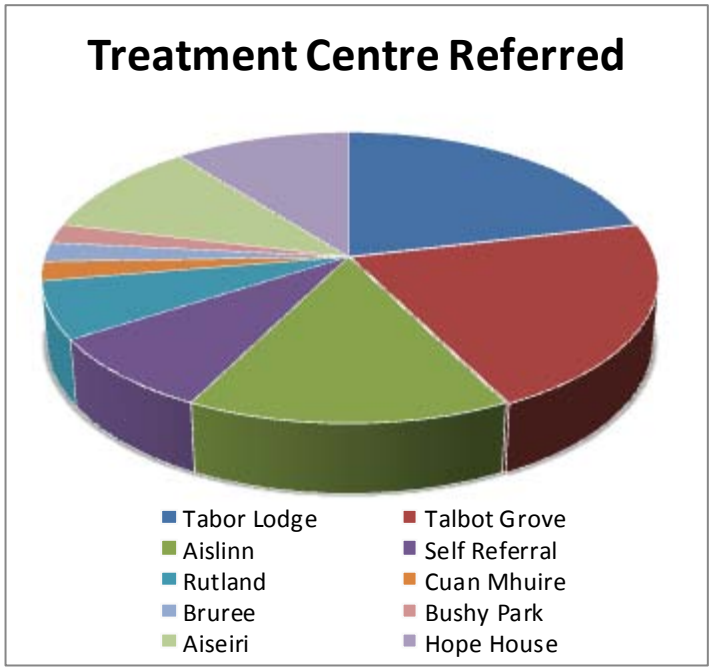
Sober House

Upon completion of the 12 week programme, clients from Renewal have the opportunity to move to our private rented accommodation in 9 Shanakiel Park, Shanakiel (close to Renewal) for a further period of up to 3 months. Here they can benefit from the on-going support of other residents, the weekly Support group in Renewal and house meetings. It gives clients valuable time to adjust to their changed lifestyle with supports. In particular this accommodation helps those that are homeless to continue to focus on recovery and at the same time work on securing stable, suitable accommodation.

Resident Profiles at Renewal

Bed Occupancy

Renewal continues to maintain a very high bed occupancy , mainly due to the fact of it being the sole Extended treatment centre in the country for women and also that it is not only the primary treatment centres that are referring clients but also outreach agencies . The name Renewal does appear to have travelled and we continually receive enquiries from people who have been in Primary Treatment some years back and who are now struggling asking about our programme as they have heard of us.
The numbers of people requiring our services in no way matches the listed number of beds we offer but our turnover of women who complete our programme is constant. We continue to have waiting lists for admittance.



Reasons for Referrals

Alcohol has always been and still remains the biggest need for Treatment in Renewal. Recently heroin has become more widely used and this would be mostly within the 18-20 year old age group. There has also been a noticeable increase in the use of prescribed medicines which may not appear at initial assessment but are unearthed throughout treatment.

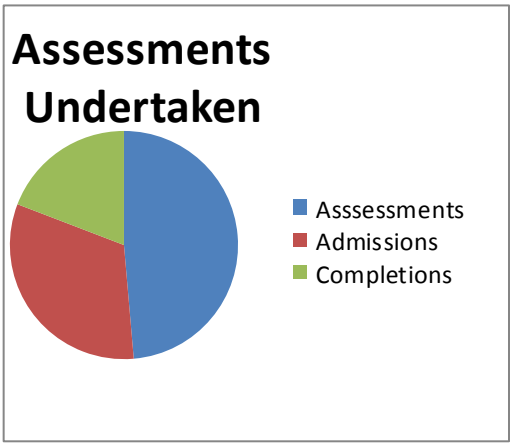
Treatment Centre Referring to Renewal

SOURCE OF REFERRALS

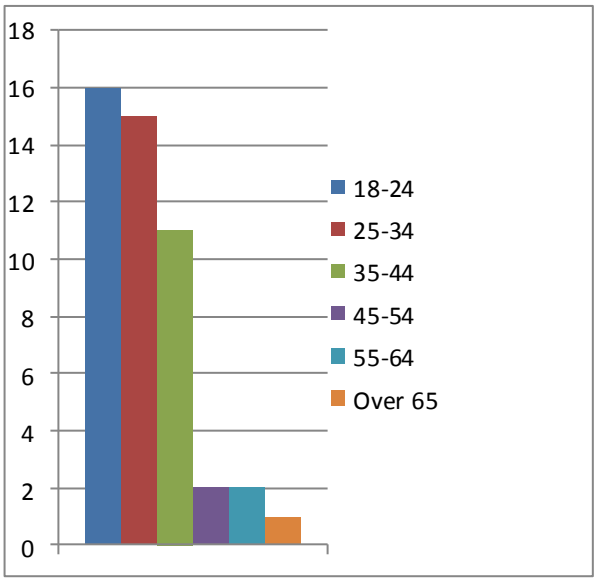
As has always been the case other Treatment centres are the main sources of our referrals but as stated already, other agencies especially outreach agencies are coming on board more and more. It remains of primary importance that our clients have undergone a primary Treatment as otherwise our programme would prove too difficult as they would not know or understand their issues nor have any knowledge of the tools or supports their peers are using and this would only enhance their already poor sense of self.

ASSESSMENTS, ADMISSIONS, COMPLETIONS UNDERTAKEN

59% of clients admitted and completed treatment.



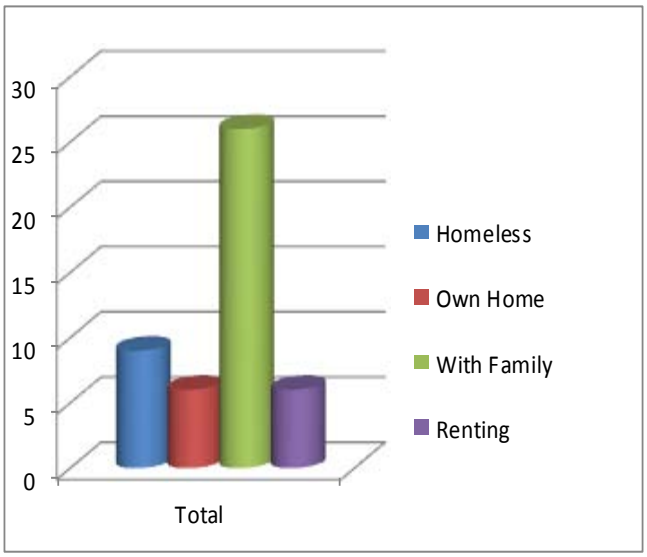
Grouped Age of Residents in Treatment



AGE OF RESIDENTS

The most prevalent years in age groups coming to Renewal would be 18 years to 34 years. I do feel this is indicative of how Treatment "Rehab" has become more acceptable and known though all channels and does not hold the same fears and stigmas that were held in the past. Because of the young age profile of our clients they have and expectancy of "I'm here, I have done my bit – so fix me"

Accommodation Status of Residents in Treatment



ACCOMMODATION STATUS

A lot of women in Renewal are living at home with family but in many cases this is not a healthy environment as parents etc may be drinking, using and often there would be violence in the home. Although the graph would make it appear positive in this regard the reality of what "home" is would not be good.

NUMBER OF CLIENTS WITH CHILDREN

14 of the 47 clients admitted have one or more children:

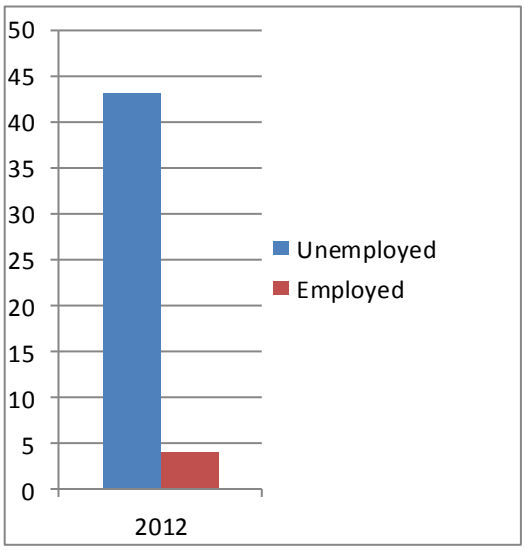
While in treatment-children of clients are either placed in foster care or with family members. This situation places added pressure on clients as they must interact with Social Workers whilst here and go through many traumas regarding the consequences of placing children in foster care. This is always difficult for staff

as well as the mothers, as the clients must take ownership and be responsible for the consequences of their drink, drug use etc on their children.

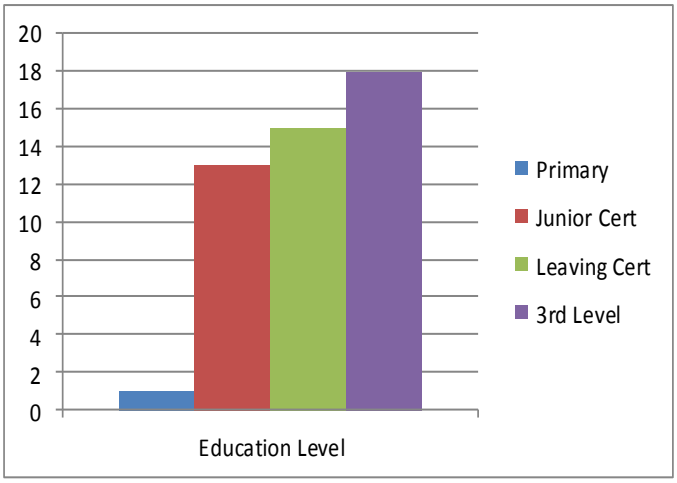
Employment Status of Residents in Treatment

EMPLOYMENT

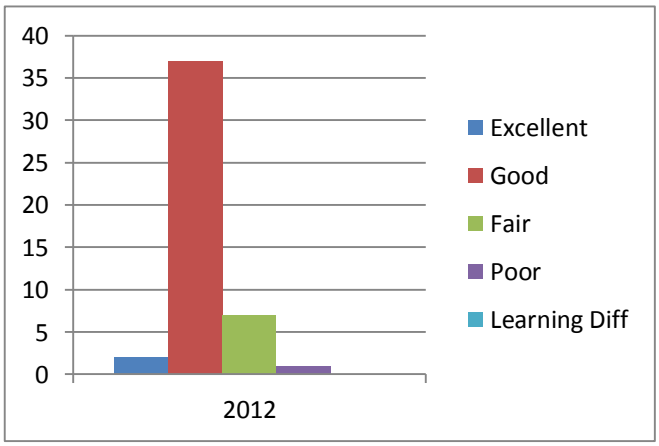
In dealing with women going from primary to secondary Treatment the exception to the rule would be a client with a job. In coming to Renewal part of the programme is attending Northside Community Enterprise (NCE Ltd) for 19.5 hours a week. Not only does it enable the girls financially but also offers unique opportunities for training and future employment. We have had clients that have had the opportunity through NCE to repeat their Leaving Cert, become fitness instructors, Childcare workers, admin worker, florists etc. Each and every client works in Community Employment within the structure of NCE. This scheme can continue for a period of up two years which gives the clients a good opportunity to retrain and rejoin the workforce.



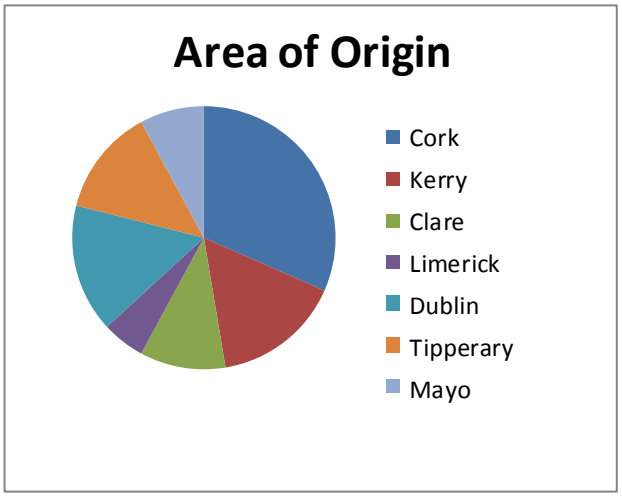
Education level of Residents in Treatment



Literacy Levels of Residents in Treatment



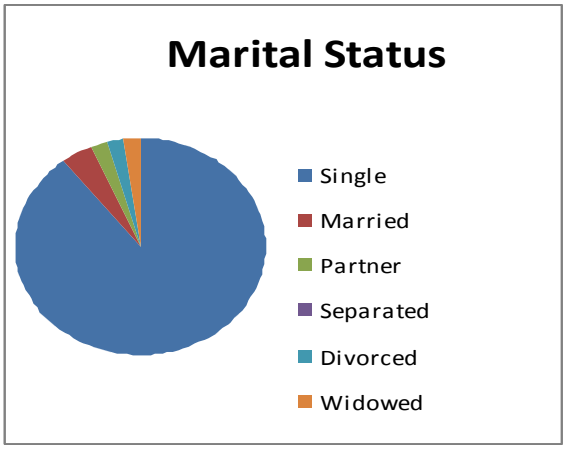
Area of Origin of Residents in Treatment



AREA OF ORIGIN

Nearly half of our clients come from the Cork / Kerry region, but as already stated we are the sole Continuing Care Treatment centre in the country for women so we receive clients from all the Treatment Centres in the country.

Marital Status of Residents in Treatment



Drug of Choice

NUMBER OF PROBLEM DRUGS PER RESIDENT
This graph can be misleading as the data is taken at assessment stage but throughout a Treatment it very often transpires that painkillers/benzodiazepines are often taken also but were hidden away by clients as deemed harmless because they were prescribed by a doctor. This would be quite a typical find for us at Renewal.

RESIDENTS USE OF MORE THAN ONE DRUG
Most of our clients would come in with more than one drug – Being an alcoholic alone would be very much the exception to the rule. Alcohol and painkillers, benzodiazepines and alcohol and most street drugs i.e. marihuana ecstasy, cocaine and heroin etc. Heroin is becoming more prevalent and whereas before heroin users would have been in the late 20's nowadays it has become quite prevalent among those 18 years and up.

Testimonials from Renewal Women

"I entered Renewal lost, lonely, angry and sad and full of self hatred. I left Renewal with a greater sense of worth, a support system, happy and with endless possibilities. Due to Renewal I have a purpose on earth and I no longer wake in the morning cursing God because I'm still alive. I can now wake and thank God for giving me another day." **(Age 22)**

"Before going to Renewal I attended three 28 day programmes. With all the knowledge I learnt from these treatment centres I was still unable to abstain from drinking or even to make an honest attempt. I truly believed that life was not possible without drink .I arrived in to Renewal broken sick and looking twenty years older than my years. Without being dramatic there were probably only a couple of weeks/months left in me. I am not going to say I loved every minute of my time in Renewal – I didn't. I had every opportunity to walk out and leave but I stayed. Put simply the counsellors gave me hope. There is no doubt in my mind that without Renewal I would be dead. Today I am over a year sober – I have a zest for life and a pep in my step." **(Age 43)**

Fellowship House Men's Residence - Extended Treatment Centre

Introduction

Situated on its own grounds of 2.5 acres overlooking the Southside of the city at Spur Hill, Togher, Cork, Fellowship House provides a 12 week Residential Secondary Period Treatment Programme for men in recovery from alcohol, drugs and gambling.

Plans are well in advance to construct 31 new independent accommodation units on the site at Fellowship House. It is expected that construction of the new facility will begin midsummer 2013.
When completed Fellowship House will be one of the most modern facilities of its kind in the country.
It will be unique because of its approach to providing 'Step Down Support' over an Secondary Period period of time.
Our Secondary Period Programme is based on the Hazelden Minnesota Model and promotes 'Total Abstinence'
The aim of our Secondary Period Programme is to build on and consolidate the work of recovery which has already begun in Primary Treatment.
This programme is also suitable for men who have completed a primary treatment but are now struggling to maintain sobriety.

FAS Funded C.E. Scheme – Daily Schedule

Daily Schedule and FAS Funded C.E. Scheme

- Residents attend a Health & Fitness Programme at the Sports Village Centre in the morning run by North Side Community Enterprises Ltd. This is a F.E.T.A.C. Level 4 Course and covers the following subjects.
    - Health Related Fitness
    - Communications
    - Personal Effectiveness
    - Food & Nutrition
- This is a FAS Funded Community Employment Scheme which consists of 19.5 hours per week.
- Residents return to Fellowship House at lunch time.
- The Treatment Programme resumes in the afternoon and consists of one to one counselling, group therapy, lectures, meditation etc.
- Attendance at 12 Step Meetings is also a requirement.

Having completed the 12 week programme at Fellowship House Residents will have the option of continuing with their C.E. Scheme at Northside Community Enterprises Ltd.

Finbarr Cassidy
Treatment Manager

Programme at Fellowship House Men's Residence

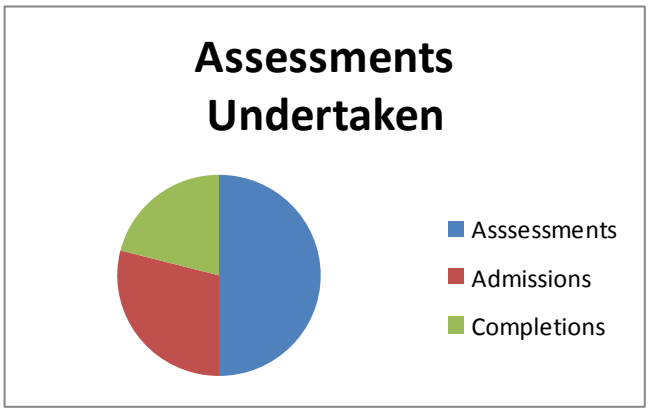
The Programme at Fellowship House emphasises personal responsibility, peer support, participation in a Twelve Step programme and life-style changes, thus enabling the development of a contented health sobriety.
Group Therapy, one-to-one counselling, meditation and education on relapse prevention form part of the daily schedule.

The ***Three Month Residential Programme*** addresses problems associated with addiction by:

- Helping and guiding the men to recognise and accept reality.
- Enabling them to improve self esteem and establish a new model of living.
- Encouraging them to develop recreational skills and sober support system.
- Helping them to recognise relapse warning signs and how to handle them.
- Restoring and rebuilding family relationships and healing the damage which results from a life of abuse.

Sober House

Further support is provided at our Step-Down 'Sober House' for a limited number of residents. Average stay at this accommodation is approximately 3 months.

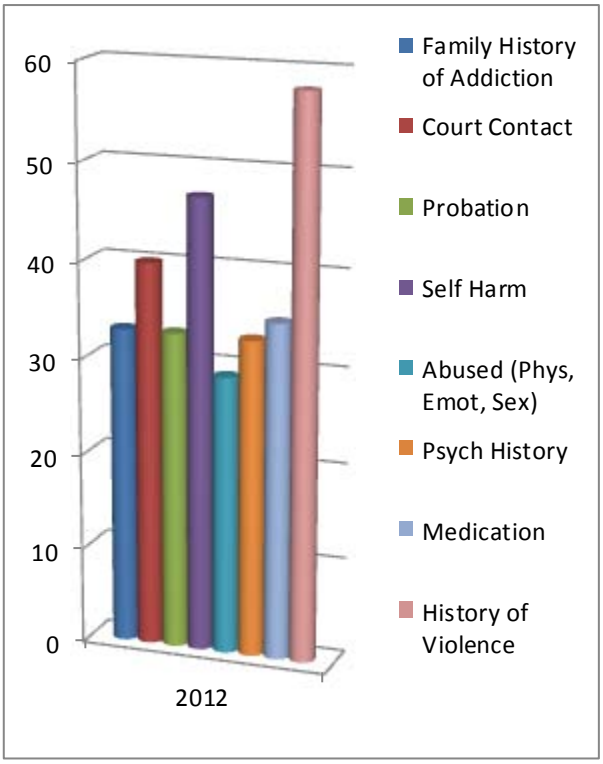


ASSESSMENTS, ADMISSIONS, COMPLETIONS UNDERTAKEN

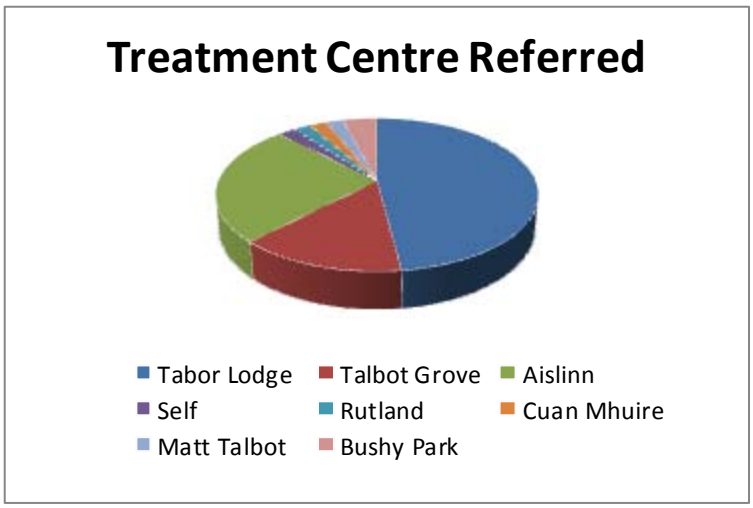
95 Assessments took place (58%) Admissions and 73% Completed the Programme
Referrals from Treatment Centres remained very much the same as last year with an increase of 17% of younger people from Child and Adolescent Treatment Services.

BACKGROUND ISSUES OF RESIDENTS

As can be seen from the graph residents can present with a number of background issues as well as possible Dual Disorder of depression, anxiety, bi-polar etc.
Self-harm at 47% and abuse issues at 29% indicate the vulnerability of the people we deal with on a daily basis.



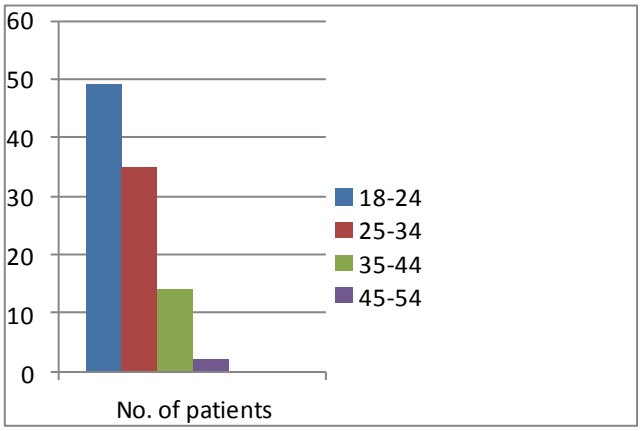
Treatment Centre Referred by for Residents



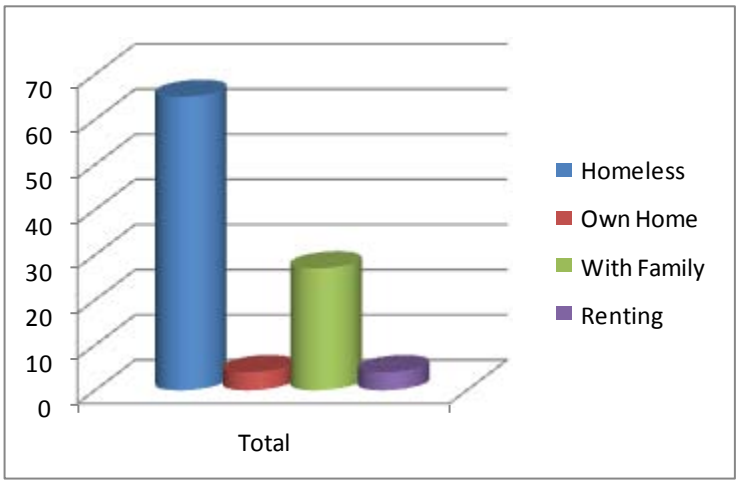
Grouped Age of Residents in Treatment

AGE GROUP OF RESIDENTS IN TREATMENT

Once again the age group continues to get younger with nearly 50% of men in the age group of 18-24 and 84% in the 18-34 age groups.



Accommodation Status of Residents in Treatment



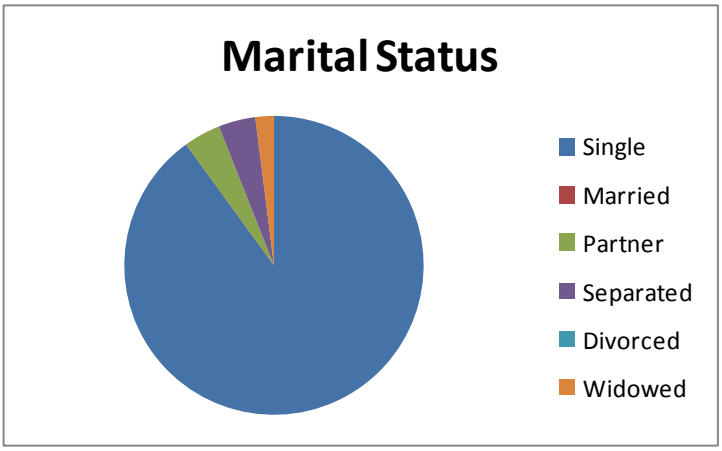
ACCOMMODATION

Homelessness at 65% is down on other years but can be accounted for due to the fact that the residents have become younger with 27 living at home with parents. This is no guarantee that they will be welcome back into the family home when their treatment is completed.

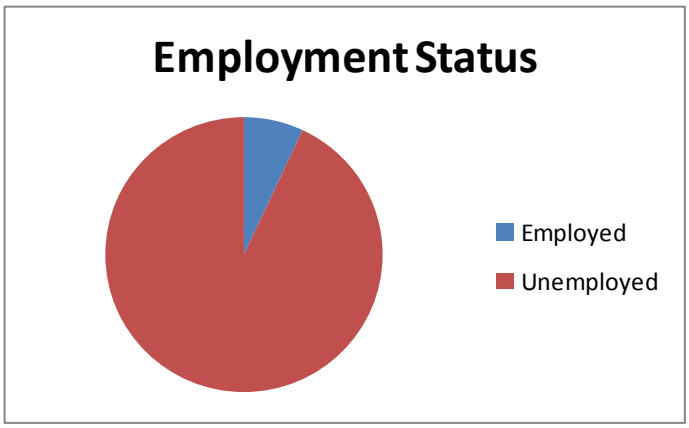
MARITAL STATUS

There has been an increase of 6% from the year 2011 to 90% of single men.

Marital Status of Residents in Treatment



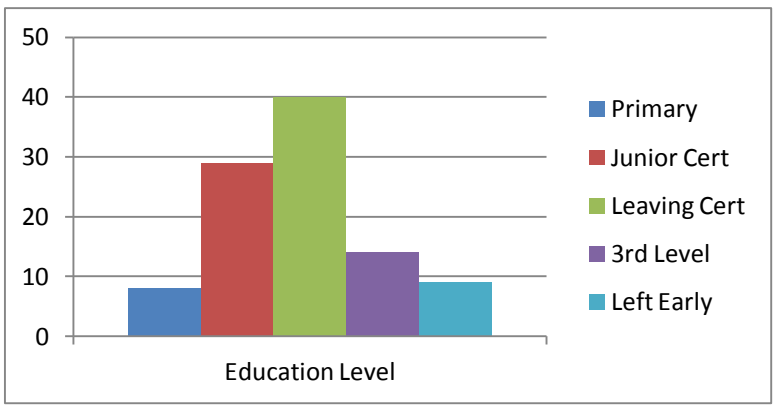
Employment Status of Residents in treatment



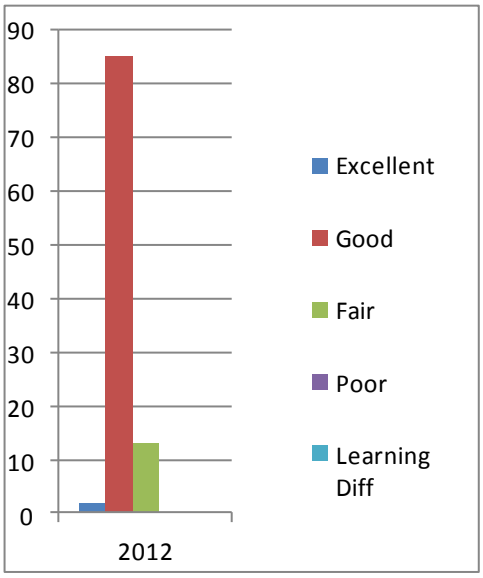
UNEMPLOYMENT – WORK STATUS

Unemployment remains alarmingly high at 93%.

Education level of residents in treatment



Literacy Levels of Residents in Treatment

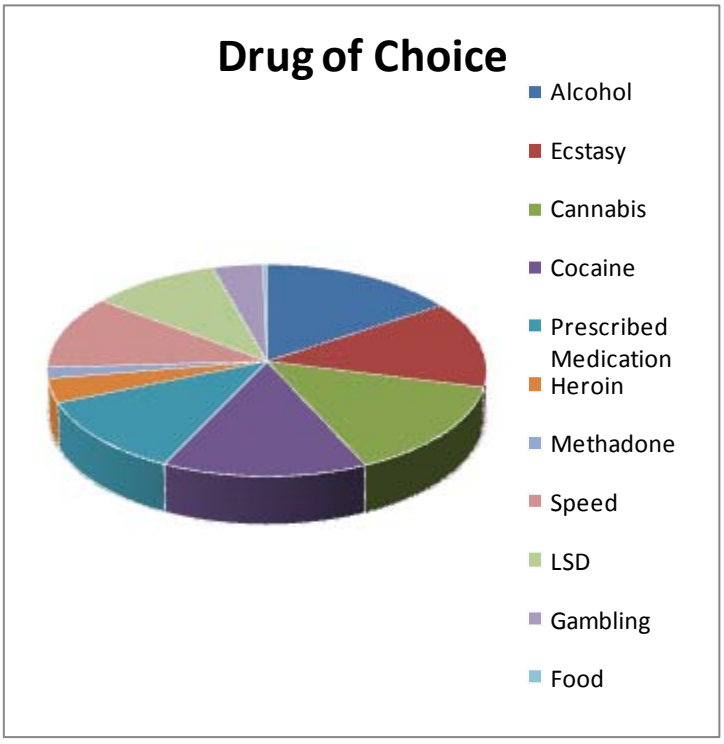


EDUCATION LEVEL

70% of clients have some level of second level education with 85% having a good standard of LITERACY which helps with assignments and understanding of the Recovery Programme.

DRUG OF CHOICE

Alcohol still remains top of the list at over 90% as the main drug of choice.
Cannabis appears to be the second most common drug at 83%, closely followed by cocaine at 81%. Cocaine also appears to have become more common and accessible because of the reduction in cost.
Abuse of prescribed drugs at 67% is a cause of concern due to possible over prescribing by GP's and also the purchase of Benzodiazepines over the internet as reported by our residents.



Testimonials from Fellowship House Men

'I learned to start loving myself again. I have a very good understanding of the 12-step program. I have got a great relationship with my higher power. I also believe that I can be a proper partner, father and son and brother. I also believe in myself'. ***Age 39***

'For the first time I was actually sober. I recognised the extent of my insanity, learned not to trust my first thought asked for help, find my emotions, and not fear them. I understand my higher power and know only he can do for me what I cannot do for myself. I have a much better understanding of life now and my place in it – thanks to Fellowship House. ***Age 41***

'When I came to Fellowship House I didn't know how to live sober. My life was miserable. I was miserable and tormented. Through the treatment and mixing and living in the house, I've got a new outlook, self respect and self esteem. I care deeply for my family, they can trust me.
Life is worth living and I have hopes and dreams'.
Age 38

'I've gotten my life back, I've learned how to become independent, and I've a much better relationship with family and higher power'. ***Age 18***

'I have learned how to live sober and clean. I have learned about steps and a higher power. Fellowship House has shown me how to live an honest life' ***Age 19***

Group Room
'Since coming to Fellowship House I have a better understanding of my addiction as a disease. The 12 steps as a programme for life, and have a relationship with my higher power'. ***Age 42***

'I got to know myself much better and got comfortable with myself. Fellowship House has shown me the necessary tools which I use every day to live life. I got a stronger connection with my higher power and outstanding support'.
Age 18

'I believe Fellowship House has given me a change of beating this disease daily. I've learned an awful lot about me and the disease of addiction. It also gave me structure and discipline which I had lacked badly in addiction'.
Age 26

'Fellowship house had allowed me to see my defects of character. On arrival the staff worked tirelessly with me to help me understand them and showed me a new way of life and thinking which is so much easier to deal with. By doing the suggested things I may never have to use again'. ***Age 43***

'I got a whole new start on life thanks to Fellowship House and got self belief, confidence, new friends and started working the program thanks to getting to know how from Fellowship House'. ***Age 22***

Sober House

Tabor Lodge Addiction and Housing Services Limited

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Charity Number:	13475
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Values

RESPECT

Acknowledging the dignity of every person regardless of his / her circumstances.

COMPASSION

Having some understanding of what a person is going through and responding appropriately.

JUSTICE

Honouring each persons rights in a fair and equal manner.

TEAM

Fostering a team approach in the interests of our common purpose.

EXCELLENCE

Doing everything to the highest professional standards.